



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: APPENDIX

Subject: Internal Audit Requirements ◀

References: ARM: 37.40.1430

INTERNAL AUDIT OF CASE RECORDS

An internal chart audit must be completed at least quarterly and summarized on the Home and Community Based Services (HCBS) Chart Audit Report form. This report should include a summary of the results of the Case Management Team's (CMT) internal chart audit of case records.

A 10% random sample is required for the audit. The organization and composition of the audit team is left to the discretion of the provider.

All standards reviewed should have supporting documentation in the individual case record.

The CMT can use the form provided by the Department or their own form if the form has been approved by the Regional Program Officer (RPO).

1. Number of Records Reviewed - Enter the total number of records reviewed during the reporting quarter.
2. Review Date(s) - Enter the actual review date(s) or the review quarter when the records were reviewed.
3. Name of Records Reviewed – Enter member names for the records reviewed.
4. Standard Reviewed – This column lists the specific standards being reviewed in the chart audit.
5. Findings – Enter the number of records found to be correct, incorrect, or not applicable for each standard. If a pattern of errors is identified, the CMT must

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document action to be taken to resolve errors.

6. Date and Type of Action – Enter the date and type of specific corrective action to be taken for those cases found to be incorrect.

HCBS UTILIZATION REPORT

This is a monthly report submitted to the Department indicating utilization of all HCBS services. The report is broken down into categories of service (basic, residential habilitation, supported living, specialized adult residential, heavy care/vent dependent,).

The report must be submitted to the Community Services Bureau 20 days after the last day of the previous month.

The Department will use this report to track HCBS expenditures and to ensure that the CMT's total service plan costs are within their allocated budget amount.

1. Case Management Team – Enter name of CMT.
2. Contact Person – Enter name of person to contact to answer questions regarding the report.
3. Date Submitted – Enter the date the report is submitted to the Department.
4. Number of Members Served – Enter the number of members served for each category of service.
5. Total Cost per Category – Enter the total cost for each category of service.
6. Total Basic/Residential Habilitation – Enter the total number of members served and costs of basic and residential habilitation (not including Specialized AR).
7. Total for Month – Enter the total number of members served and costs of all categories of service.

NOTE: There may be additional requirements at the discretion of the Department.

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**NURSING
FACILITY
TRANSFER**

This is a quarterly report submitted to the Department 30 days after the end of each quarter listing new admits to HCBS that have transferred from a nursing facility.

1. Case Management Team – Enter name.
2. Quarter Ending – Enter the last day of the quarter to which the report applies.

QUARTER ENDS	DUE TO DEPARTMENT
12/31	01/31
03/31	04/30
06/30	07/31
09/30	10/31

3. Prepared by – Enter name of person to contact to answer questions regarding the report.
4. Member Name and Address – Enter the member's name and address.
5. Social Security Number – Enter member's Social Security Number.
6. Nursing Facility Name and City – Enter facility name and city.
7. Nursing Facility Discharge Date – Enter member date of discharge.
8. HCBS Admit Date - Enter the date the member is admitted to HCBS services.

**WAITING LIST
REPORT**

This is a quarterly report submitted to the Department ten days after the end of each quarter indicating the number of individuals waiting for HCBS program slots. Waiting list reports must be reviewed and updated prior to submission to the Department.

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**CMS PERFORMANCE
MEASURES**

Prepare and submit this report electronically. This is a quarterly report submitted to the Department ten days after the end of each quarter indicating compliance with federal assurances.